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## General Information

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**A Pest Control Dealer (PCD) License** is required of any person, manufacturer, distributor, or retailer who engages in: (1) selling pesticides for agricultural use; (2) selling any method or device for the control of agricultural pests, such as biological agents, lures, or insect-trapping devices; (3) soliciting sales of pesticides by making agricultural use recommendations through field representatives or other agents; or (4) selling a pesticide classified as a restricted material that requires either a permit for possession and use or which may be used only by or under the direct supervision of a certified applicator.

The Department of Pesticide Regulation (DPR) has established time periods for processing permit applications, in compliance with Government Code Sections 15374-15378. Failure to comply with these time periods may be appealed to the Secretary for Environmental Protection, California Environmental Protection Agency, 1001 I Street, Sacramento, California 95814-2828, pursuant to regulations set forth in Title 3, California Code of Regulations, Section 306. Under certain circumstances, the Secretary may order that the applicant receive a reimbursement of filing fees.

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## Completing the Application

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- A. Application Type.** Check the appropriate box(es) in this section. If you are making any other type of change not described in this section (i.e., change the business' qualified person), check the "Other" box and specify the type of change.
- B. Applicant Information.** Complete all information requested in this section. If you are changing your business name, enter your former business name in section "C". If there is a change in business name, address, or qualified person, you must immediately notify the Director in writing (no fee required).
- C. Former Business Name.** Enter your former business name in this section, if applicable.
- D. Business Officers or Owners.** List the name, title, and mailing address of each of your business' officers and/or owners. Use an additional sheet of paper if necessary. If there is a change in the business ownership or organization, the Director must be notified immediately in writing. A new application fee must be submitted for this change.
- E. Branch Locations.** Complete this section if your business has, or is adding, a branch location. Each principal and branch office licensed as a pest control dealer must have a qualified person possessing a valid license or certificate in order to engage in the business of a pest control dealer from that location. The qualified person is responsible for supervising all pest control operations performed by the business location.

Enter the business location address for each branch location and the name of the qualified person(s), type of license/certificate number, and the license/certificate expiration date. Use an additional sheet of paper if necessary. If there is a change in the qualified person for the business, the Director must be notified immediately in writing (no fee required).

**F. Pest Control Dealer Business Type.** Indicate the type of pest control work your business performs by checking the appropriate box(es).

- In subsection 2, if your business is a corporation, you must submit a current copy of the “Certificate of Good Standing” with your application. This certificate can be obtained for \$6.00 by writing to: Secretary of State, Attention: Certificate Department, 1500 11<sup>th</sup> Street, Sacramento, California 95814.
- In subsection 3, if your business name is anything other than your surname (i.e., last name), you must submit a “Fictitious Business Name Statement” with your application. This statement may be obtained from the local county clerk’s office.
- In subsection 4, if your business is a partnership, you must submit a “Fictitious Business Name Statement” with your application. This statement may be obtained from the local county clerk’s office.

**G. Worker’s Compensation Insurance.** Each applicant who is an employer, as defined in Section 3300 of the Labor Code, is required to carry worker’s compensation insurance. In this section, enter the name of the worker’s compensation insurance carrier, the policy number, and the policy expiration date.

**H. Application Fees.** Check the appropriate boxes in this section of the application. Indicate the total fees enclosed with the application.

The following information and table will assist you in determining the appropriate application fee to submit.

Application Fee Schedule:

Year Submitting Application	License Expiration Year <sup>1</sup> A - L	New Application Fee	Branch Location Fee
2001	2002	\$200.00	\$100.00
2002	2002	\$100.00	\$ 50.00
2003	2004	\$200.00	\$100.00

Year Submitting Application	License Expiration Year <sup>2</sup> M - Z	New Application Fee	Branch Location Fee
2001	2001	\$100.00	\$ 50.00
2002	2003	\$200.00	\$100.00
2003	2003	\$100.00	\$ 50.00

<sup>1</sup> If your business name begins with A – L, the expiration date of the business license is on even-numbered years.

<sup>2</sup> If your business name begins with M – Z, the expiration date of the business license is on odd-numbered years.

- I. Read Before Signing.** Check the “Yes” box if you have had any administrative, civil or criminal action taken against you for violation of any State or federal laws or regulations relating to the application of pesticides that resulted in disciplinary actions or in which disciplinary action is pending. If you answer yes, explain the circumstances of the disciplinary action.
- J. Declaration/Signature Block.** Read the declaration; if you agree, sign and date the application. The owner or officer of the business must sign the declaration.

### **Mailing Instructions**

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Mail your application to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015. Include your check with your application, payable to the Cashier, Department of Pesticide Regulation. No coin or currency will be accepted.